

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016519

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 60

STATE FILE NUMBER

FILED APR 24 1963

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM		c. CITY OR TOWN FESTUS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFFERSON MEMORIAL		d. STREET ADDRESS (If outside, give location) 124 MAIN STREET	

3. NAME OF DECEASED (Type or print) First Middle Last IVAN F. HUNT			4. DATE OF DEATH Month Day Year 4-18-63		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-18-1914	9. AGE (last birthday) 48	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) GLASSWORKER		10b. KIND OF BUSINESS OR INDUSTRY P.P.G.CO.		11. BIRTHPLACE (City and state or country) CRYSTAL CITY, MO.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME THOMAS E. HUNT		13b. MOTHER'S MAIDEN NAME SYLVIA HIATT	
14. NAME OF HUSBAND OR WIFE BESSIE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (no, or unknown) (If yes, give war or dates of) NO		16. SOCIAL SECURITY NO. BESSIE HUNT FESTUS, MO.	

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Liver failure</u> DUE TO (b) <u>metastatic carcinoma</u> DUE TO (c) <u>Cancer Gallbladder</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>9 mos.</u> <u>2 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Feb. 26, 1963</u> to <u>18 April 1963</u> and last saw her alive on <u>18 April 1963</u> Death occurred at <u>Jefferson Memorial</u> <u>5:10 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. T. Judge M.D.</u>		22b. ADDRESS	
22c. DATE SIGNED <u>20 April 1963</u>		22d. LOCATION (city, town, or county) (State) <u>CRYSTAL CITY, MO.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-22-63	23c. NAME OF CEMETERY OR CREMATORY CATHOLIC	23d. LOCATION (city, town, or county) (State) CRYSTAL CITY, MO.
24. FUNERAL DIRECTOR GENTRY R. POLITTE		25. DATE RECD. BY LOCAL REG 4-20-63	
26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		27. DATE 4-20-63	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

0500

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Georgy R. Polite

Licensed Embalmer No. 3481

P. O. Address Crystal City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

MAY 22 1963

THOMAS NIAN JST

8-18-63

8-18-63

U.S.A.

CRISTAL CITY

CRISTAL CITY, MO.

CRISTAL CITY

WHITE

WHITE

CRISTAL CITY

CRISTAL CITY

MO.